

# CHAIN OF CUSTODY FORM

**DO NOT USE RED INK**

Please use UPPERCASE "letters" letters and numbers as shown: ABCDEFGHIJKLMNOPQRSTUVWXYZ 0123456789

LAB COMPANY CODE: 5434

INSURANCE COMPANY INFORMATION

INSURANCE COMPANY FULL NAME: \_\_\_\_\_

REGIONAL OR HOME OFFICE CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

REFERENCE / POLICY / MEMBER NUMBER: \_\_\_\_\_

AMOUNT OF INSURANCE APPLIED FOR: \$ \_\_\_\_\_

AGENT NAME: \_\_\_\_\_

AGENT CODE: \_\_\_\_\_

AGENT PHONE NUMBER: \_\_\_\_\_

POLICY TYPE: ☐ INDIVIDUAL ☐ LIFE ☐ HEALTH / MEDICAL  
☐ GROUP ☐ DISABILITY ☐ LONG TERM CARE

LAB USE ONLY  
CONTROL NUMBER: \_\_\_\_\_

PROPOSED INSURED INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_ GENDER: ☐ Male ☐ Female

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

DATE SPECIMEN WAS COLLECTED: \_\_\_\_\_

1. Do you use tobacco in any form? ☐ Yes ☐ No

2. If yes, what type of product(s) have you used? ☐ Cigarette ☐ Cigar ☐ Pipe ☐ Smokeless

3. If no, how long since you last used any form of tobacco or nicotine? \_\_\_\_\_ Months ☐ Never

4. Are you currently using any type of nicotine delivery system (gum, patch, nasal spray, etc.)? ☐ Yes ☐ No

5. In the past 5 years have you had a moving violation or has your driver's license been restricted, suspended or revoked? ☐ Yes ☐ No

NOTICE AND CONSENT AND CHAIN-OF-CUSTODY STATEMENTS

Prior to allowing my oral fluid and/or urine specimen(s) to be collected, I, the Proposed Insured, have read and do understand the Notice and Consent that appears on the reverse side of this form and the information and/or Subject Information Brochure on HIV/AIDS that was given to me by the Examiner. I voluntarily consent to the testing of my oral fluid and/or urine specimen(s), and I authorize the disclosure of the test results and other information as described on the reverse side of this form. If HIV testing is requested by the Insurer, I authorize HIV testing on my specimen(s). I also authorize the release of the test results and other information about me (including but not limited to medical information) for disclosure as described on the reverse side of this form. If a blood specimen(s) was drawn, I do voluntarily consent to the withdrawal of blood from me by needle or lance. I further acknowledge receipt of a copy of this form signed by me.

I, the Proposed Insured, verify that the enclosed contents of this/these vial(s) is/are indeed my oral fluid and/or urine specimen(s). I verify that my oral fluid specimen, if collected, was placed into a vial which was sealed with tamper-evident tape that I have dated and signed. I further verify that my urine specimen, if collected, was collected into vial(s), one of which was sealed with tamper-evident tape that I have dated and signed.

NO ATTEMPT BY THE PROPOSED INSURED TO MODIFY OR AMEND THIS FORM WILL CHANGE ITS TERMS OR IN ANY WAY BE BINDING UPON THE INSURANCE COMPANY OR ANY OF ITS AGENTS OR CONTRACTORS.

X \_\_\_\_\_ Signature of Proposed Insured / Legal Guardian Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

I verify that the enclosed specimen(s) was/were properly collected. I further verify that this/these specimen(s) is/are in fact the specimen(s) collected from the Proposed Insured named on this ID form and that the proper bar code label has been placed by me on the specimen vial(s) for the Proposed Insured named on this ID form.

X \_\_\_\_\_ Signature of Facilitator Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

LAB COPY

Oral Fluid / Urine Form #54 v3.4 06/07 © 2007 ExamOne World Wide, Inc.

COLLECTOR INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_ PROPOSED INSURED SIGNATURE: \_\_\_\_\_ FACILITATOR INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_ PROPOSED INSURED SIGNATURE: \_\_\_\_\_

TAMPER EVIDENT ORAL FLUID VIAL

TAMPER EVIDENT URINE VIAL

APPLICANT NAME: \_\_\_\_\_

THIS FORM ATTACHES TO: \_\_\_\_\_

**Maintain the identity and integrity of all samples**

Keep your records accurate, track the handling of samples from collection through reporting, and guarantee the validity of the results with one of our **Chain of Custody forms**.

## Applications:

- ▶ Water Treatment Testing
- ▶ Seed Plantation Testing
- ▶ Drug Testing
- ▶ DNA Testing
- ▶ Your Custom Requirements